

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
HOLCIM (US) INC

PROJECT NAME
POVERTY POINT

PROJECT ID
M450012

DUE DATE	ANNUAL FEE	AMOUNT DUE
10/10/2002	\$ 500	\$ 500

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

<i>Change of Address</i>	
Contact	_____
Address	_____
_____	_____
_____	_____
State	_____
Zip	_____
Phone	_____

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining